

Apr-13-04

2:50pm

From-Affymetrix, Inc.

408 731 5392

T-044 P.005/011 F-495

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PTO/SB/01 (12-97)

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Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**☐ Declaration
Submitted
With Initial
Filing

OR

☒ Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number 3522.2

First Named Inventor Matsuzaki

COMPLETE IF KNOWN

Application Number 10/681,773

Filing Date 10/07/2003

Group Art Unit TBA

Examiner Name TBA

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD FOR GENOTYPING POLYMORPHISMS IN HUMANS

the specification of which (Title of the invention)

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY)

10/07/2003

as United States Application Number or PCT International

Application Number

10/681,773

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/417,190 60/470,475	10/08/2002 05/14/2003	

[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365 of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith

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22695

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OR

☐ Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to:

☒ Customer Number or Bar Code Label

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OR

☒ Correspondence address below

Name			
Address			
Address			
City	State	CA	ZIP
Country	Telephone		Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Hajime		Matsuzaki	
Inventor's Signature			Date
Residence: City	Palo Alto	State	CA
Country	US	Citizenship	Japan
Post Office Address	4078 Middlefield Road		
Post Office Address			
City	Palo Alto	State	CA
ZIP	94303	Country	US

☐ Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

(Page 2 of 2)

PTO/SB/02A (08-03)

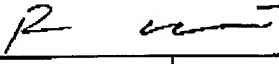
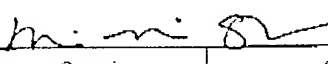
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DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental Sheet

Page ____ of ____

Name of Additional Inventor, if any		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Rui		Mei	
Inventor's Signature 		Date 03/17/2009	
Residence: City	Santa Clara	State	CA
Country	US	Citizenship	US
Mailing Address 234 Redonovan Drive			
Mailing Address			
City	Santa Clara	State	CA
ZIP	95051	Country	US
Name of Additional Inventor, if any		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Mei-Mei		Shen	
Inventor's Signature 		Date 04/09/2009	
Residence: City	Cupertino	State	CA
Country	US	Citizenship	US
Mailing Address 20167 Las Ondas Way			
Mailing Address			
City	Cupertino	State	CA
Zip	95014	Country	US
Name of Additional Inventor, if any		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Giulia C.		Kennedy	
Inventor's Signature		Date	
Residence: City	San Francisco	State	CA
Country	US	Citizenship	US
Mailing Address 360 Castaneda Ave			
Mailing Address			
City	San Francisco	State	CA
Zip	94118	Country	US

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Apr-13-04 02:51pm From-Affymetrix, Inc.

Apr-08-04 10:15am From-Affymetrix, Inc.



408 731 5392

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T-044 P.008/011 F-495

T-038 P.001/003 F-465

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Filing

OR

☒ Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (c))
required)

Attorney Docket Number

3522.2

First Named Inventor

Malsuzaki

COMPLETE IF KNOWN

Application Number

10/681,773

Filing Date

10/07/2003

Group Art Unit

TBA

Examiner Name

TBA

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My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD FOR GENOTYPING POLYMORPHISMS IN HUMANS

the specification of which

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☐ is attached hereto

OR

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Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Copy Attached?	
			<input type="checkbox"/>	YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.
60/417,180 60/470,475	10/08/2002 05/19/2003	

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DECLARATION — Utility or Design Patent Application

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U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

Additional U.S. or PCT International application number(s) and date(s) of supplemental priority date sheet PTO/SB/01B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to conduct all business in the Patent and Trademark Office connected therewith

☒ Customer Number 22986 → Place Customer Number Bar Code Label here

OR

☐ Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☒ Customer Number or Bar Code Label 22986 OR ☒ Correspondence address below

Name			
Address			
Address			
City	State	CA	ZIP
Country	Telephone		Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Hajime		Masuzaki	
Inventor's Signature			Date
Residence: City	Palo Alto	State	CA
	Country	US	Citizenship
Post Office Address	4078 Middlefield Road		
Post Office Address			
City	Palo Alto	State	CA
	ZIP	94303	Country
			US

☐ Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

(Page 2 of 2)

PTO/SB/02A (09-03)
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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page ____ of ____
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Name of Additional Inventor, if any				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))			Family Name or Surname		
Rui			Mai		
Inventor's Signature				Date	
Residence: City	Santa Clara	State	CA	Country	US
Mailing Address		234 Redwood Drive			
Mailing Address					
City	Santa Clara	State	CA	ZIP	95051
Country		US			
Name of Additional Inventor, if any				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))			Family Name or Surname		
Mo-Mei			Shen		
Inventor's Signature				Date	
Residence: City	Cupertino	State	CA	Country	US
Mailing Address		20167 Las Orcas Way			
Mailing Address					
City	Cupertino	State	CA	Zip	95014
Country		US			
Name of Additional Inventor, if any				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))			Family Name or Surname		
Ghila C.			Kennedy		
Inventor's Signature				Date	
<i>Ghila C. Kennedy</i>				4/9/04	
Residence: City	San Francisco	State	CA	Country	US
Mailing Address		380 Castaneda Ave			
Mailing Address					
City	San Francisco	State	CA	Zip	94116
Country		US			

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.83. The information is required to obtain or retain a benefit by the public when it is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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